



Quarterly Programme Performance Report

Emergency response to life-threatening malnutrition in Jonglei, South Sudan

AID-OFDA-G-14-00186

Project dates: September 01 2014– August 31, 2015

<p>Organisation: Tearfund</p> <p>Headquarters Mailing Address:</p> <p>Tearfund 100 Church Road Teddington Middlesex TW11 8QE United Kingdom</p>	<p>Date: August</p> <p>HQ Contact: Carole Murphy Woolford</p> <p>Telephone: +44 (0) 20 8943 7902</p> <p>Fax: +44 (0) 20 8943 3594</p> <p>Email: carole.murphy-woolford@tearfund.org</p> <p>Field Contact: Cathy Hynds</p> <p>Mobile: +211913521243</p> <p>Email: southsudan-dcd@tearfund.org</p>
<p>Programme Title:</p>	<p>Emergency response to life-threatening malnutrition in Jonglei, South Sudan</p>
<p>OFDA Grant Number:</p>	<p>AID-OFDA-G-14-00186</p>
<p>Country/Region:</p>	<p>Uror County, Jonglei State, South Sudan</p>
<p>Time Period Covered by the Report:</p>	<p>Sept 01, 2014 – Dec 31, 2014</p>

Executive Summary

Uror experienced an extended rainy season with rains not ending until November, as was reported to OFDA in South Sudan in its first two meetings in Juba in October and December 2014. As such start-up of the feeding centre was delayed until access enabled the necessary inputs to arrive on location. Two Outreach Centres (OCs) in Modit and Karam were opened and started operations in the first week of November 2014, providing both Targeted Supplementary Feeding Programmes (TSFP) and Outpatient Therapeutic Programme (OTP) to children under the age of 5 and Pregnant and Lactating Women (PLWs). As there were existing basic structures present and infrastructure development was not possible until further on in the dry season, the decision was made to use the existing structures (huts, known locally as Tukuls,) as the outreach centres until a more semi-permanent structure can be developed. The baseline was also conducted in November. Two children (100% of children identified) with Severe Acute Malnutrition (SAM) with complications were assisted and referred to Lankein Médecins Sans Frontières (MSF) Hospital for further treatment (the number of referrals is expected to spike during the hunger gap). Four extension workers (3 male and 1 female) were recruited and trained in the prevention and management of Moderate Acute Malnutrition (MAM) and SAM. Training of the community nutrition volunteers is planned for January-February 2015. Work for Pregnant and Lactating Women (PLW) beneficiaries will also begin in January of 2015 when WFP provides the pipeline supplies.

With the onset of the dry season the security situation is more volatile with rumors of troop movements northwards from Bor. However there are no immediate threats and project implementation is ongoing. Apart from the delayed start of the project, the nutrition activities were implemented as planned for the quarter (September 01, -December 31, 2014)¹. This was achieved despite the challenges of flooding causing inadequate means of field transport for staff and supplies (as there was no single vehicle on the ground until December).

1. Security Concerns

The security situation in Uror county remained fragile and unpredictable throughout the reporting period. With the onset of the dry season, areas in Northern Jonglei saw a resurgence of fighting between SPLA and the opposition. Skirmishes have been common in the area and are expected to continue/escalate into the dry season. There are reports of SPLA reinforcing their positions in Ayod, Duk and Gadiang, all of which are areas in close proximity to the project area. There remains a lot of weapons amongst the population and the area is generally over-militarized with opposition troops and armed youth. A non-aggression agreement that the Murle negotiated with its Dinka and Nuer neighbors appears to be fraying. In December there were reports of Murle cattle raids in Bor and Akobo Counties as well as an alleged Murle child abduction in Twic East. We expect to see an increase in the size and ferocity of cattle raids and more inter age set conflict in the coming dry season. Apart from the general conflict between the government and the opposition, the area also suffers from interclan conflicts between Nuer tribes. Local authorities are struggling to make sure these conflicts do not escalate. Tearfund continues to monitor its security indicators very closely and the security plan is updated every quarter to ensure we are not caught off guard in case active fighting gets to the county. A contingency plan has also been elaborated to ensure continued service to beneficiaries; local staff capacity is being developed and a skeleton relocatable staff for emergency situations has been identified.

2. Progress

2.1 Infant and Young Child Feeding and Behavior Change (IYCF)

¹ Report covers Sept 1 - Dec 31, 2015. No program report was due for Sept 1-Sept 30, 2014 at end of Oct 2014 as project start date was 30 days or less from end of reporting period.

For this sub sector, the project team conducted nutrition and health awareness raising. IYCF messages were disseminated to them both at feeding centres and in the community during outreach activities and screening. These messages are disseminated using UNICEF counselling cards which are simple pictorial with accompanying simple English language words. Other messages were through illustrative fliers, interactive sessions and home visits. The extension workers are able to use these cards and pass out simple messages to community members. The number of women beneficiaries who received these messages was 571. These included pregnant and lactating as well as non-Pregnant and lactating women (PLWs). They received messages on: exclusive breastfeeding for the first 6 months, initiation of breast milk within the first hour of birth including colostrum, complementary feeding for 6 months and above, nutrition for pregnant mothers, hygiene and sanitation practices among others. IYCF messages were also disseminated to women during outreach screening. This activity is ongoing. It will be complemented by formation of 'trainer of trainer' groups and arrival of a consultant to train in this methodology. The trainer of trainer groups will comprise nutrition extension workers and some volunteers (mainly women carrying out IYCF activities in the community). These groups will mainly comprise women of child bearing ages (15-49 years), preferably pregnant or lactating; community leaders will be involved in set up of these groups. These groups are envisaged to receive more in-depth knowledge. A more detailed curriculum, combined with a TOT approach that seeks to build on what group members know is more likely to produce the change of behaviour. The precise impact of these activities will be captured in an end-of-project survey.

2.2 Management of Moderate Acute Malnutrition (MAM)

Tearfund is running MAM and SAM operation for children 6 – 59 months of age in the two outreach locations (Modit and Karam) with full services to all beneficiaries MAM and SAM operation occur on different days. The project team started with community mobilization, followed by mass Mid-Upper Arm Circumference (MUAC) screening and referrals during outreach service days. Active case finding through house to house visits were conducted with screening for malnutrition for all children aged 6-59 months. The criteria used to identify MAM children is *[MUAC reading greater than 11.5 cm to MUAC reading less than 12.5 cm. Z-score (greater than -3 to less than -2) was also used for admission in TSFP program.*

Treatment for MAM: This was carried out through Targeted Supplementary Feeding Program (TSFP) for Moderate malnutrition in children 6-59 months only. The table below summarizes admissions in OTP and TSFP programs. 362 children under the age of five and eligible for deworming were dewormed, while 270 received Vitamin A supplementation, with TSFP admission rate/ coverage standing at 6.2%. Smooth delivery of project supplies to all the two program sites (plumpy sup and other supplies) is consistent and from a Tearfund existing agreement with UNICEF and WFP (which ended 31st December 2014). The process for renewal of both the WFP's field level agreement (FLA) and the UNICEF's partner's cooperating agreement (PCA) is nearing completion; this will allow for continued running of our project activities for the next 12 months.

2.3: Management of Severe Acute Malnutrition (SAM)

Treatment: For SAM sub sector, the programme delivered Outpatient Therapeutic program (OTP) for SAM without complications for children aged between 6 to 59 months. This was through feeding and micro nutrient supplementation for Vitamin A for 6-59 months category. Deworming for all the children, screening and referrals for all children under 5 to the treatment program was carried out. In addition there was smooth delivery of project supplies of plumpy nut and other supplies have been consistently delivered.

The project team carried out active case finding and referrals for children with SAM with complications and were referred to the stabilization centres; 2 children were referred to Lankien Hospital for treatment. The details of both TSFP and OTP and treatment are provided in the table below.

Data on screening, admissions and discharge for both SAM and MAM (the percentage of target is included in the table at the end of the report)

Centre	Number of	Number of	Number	Number of	Number
--------	-----------	-----------	--------	-----------	--------

	U5s screened		SAM admissions		of SAM Discharges		MAM admissions		of MAM Discharges	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Karam	344	319	35	37	0	0	67	58	0	0
Modit	220	207	36	23	1	1	46	54	0	0
Total	564	526	71	60	1	1	113	112	0	0
Grand Total	1090		131		2		225		0	

2.4. Trainings and community meetings

Two training sessions on Integrated management of severe acute malnutrition (IM SAM) and Integrated management of moderate acute malnutrition (IM MAM) were conducted for four new staff (3 male and 1 female) at the start of the project. The trainings covered: basic nutrition, classification of acute malnutrition for Community-Based Management of Acute Malnutrition (CMAM), the burden of Acute malnutrition, programs to address acute malnutrition, overview of CMAM and IM SAM, identifying Acute Malnutrition and SAM with complications for the Stabilisation Centre (SC), community Outreach. Other topics were on; overview of OTP and TSFP, admission criteria and categories for both OTP and TSFP, SFP ratios and follow up/home visits, discharge criteria and referrals as well as reporting.

Two community meetings with leaders (local chiefs and community elders) and other community members were held at both locations at which the program start-up was discussed. For Karam, 35 people attended 10 of which were women and 29 attended in Modit, 5 were women. Other issues discussed were the local community leaders' (local authorities) role in mobilisation, their involvement and support to the Outreach Centres; they were assured that the project belonged to them and that they should participate in its activities. The leaders and the community members have continued to take part on some issues of the outreach sites including; taking part in recruitment of Community volunteers and supporting to ensure safety of the project's supplies.

3. Coordination

Tearfund works alongside CARE International who are the lead health partners in the county in addressing health-related issues. In the absence of a stabilisation centre (SC), children with severe malnutrition and with medical complications are referred to Lankien, Nyiror County to a Médecins Sans Frontières (MSF) run stabilisation centre. Discussions with CARE International are ongoing on the possibility of setting up a Stabilisation Centre in Motot. This will go a long way in reducing the suffering to mothers and carers who have to walk 100 km to Lankien. Set up of the Stabilisation centre in Motot will have mothers move an average of 30 km to access these services. Other discussions and planned collaboration are underway with Oxfam WASH sector on joint hygiene and sanitation activities in Motot. There is continued coordination with the Tearfund WASH sector in disseminating hygiene and sanitation messages at the Feeding Centres (FCs).

Coordination through the nutrition cluster at the state and national level has been ongoing. The sector Advisor and staff attended one state cluster meeting in Bor and national cluster meetings are attended every week. Monthly and weekly reports are shared with the cluster, Ministry of Health (MoH), donors and other actors; CARE International who carry out health services and Médecins Sans Frontiers (MSF) who carry out OTP services in Yuai Payam and treatment of SAM with medical complications in Lankien.

4. Final Remarks

This is the first quarter of operation for the OFDA grant. Two sites for both the Outpatient and Supplementary feeding programmes have been set up. A third site is expected to be set up as well a community based IYCF programme for the site. This site will be set up in Dakriang, a boma of Motot Payam, which based on the OTP data, had a higher number of beneficiaries moving more than 4 hours to

access the nearest Nutrition services.

The Indicator Table: Baseline Findings against OFDA Indicators

Project: Emergency response to life-threatening malnutrition in Jonglei, South Sudan

Project Objective: To improve access to life-critical basic services for those most vulnerable through an emergency feeding program					
Sub Sector 1: Infant and Young Child Feeding and Behaviour Change					
	Indicators	Baseline	Project Target	Achieved to date (number and %)	Remarks
Indicator 1:	Number and percentage of infants 0-<6 mo. who are exclusively breastfed	27%	1031 (50%)		To be measured at the end of the project as this is a behaviour indicator
		40 of 151 surveyed			
Indicator 2:	Number and percentage of children 6-<24 mo. receiving foods daily in 4 food groups	3%	314 (10%)		To be measured at the end of the project as this is a behaviour indicator
		4 of the 151 surveyed			
Indicator 3:	Number of people receiving behavior change interventions, by sex and age*	29%	45%		
		111 out 384		571 (12.5%) women 15 -49 years of age.	
Additional Indicators	Continued breastfeeding rate at 1 and 2 years (WHO indicators to complement OFDA indicator 1)	35%	1948 (90%)		To be measured at the end of the project as this is a behaviour indicator
Additional Indicators	Percentage of mothers initiating breastfeeding within an hour after delivery.	85.4%	1855 (>90%)		To be measured at the end of the project as this is a behaviour indicator
Additional Indicators	Number and Percentage of children introduced to semi solid or soft food at the appropriate time.	4%	2191 (25%)		To be measured at the end of the project as this is a behaviour indicator
Additional Indicators	Percentage of children fed at least 3 times a day.	24%	5697 (65%)		To be measured at the end of the project as this is a behaviour indicator
Sub sector 2: Management of Moderate Acute Malnutrition (MAM)					
	Indicators	Baseline	Project Target	Achieved to date (Reporting Period)	

Indicator 1:	Number of sites managing MAM	0	3	2 outreach Supplementary feeding sites operational	One site yet to be set up, this will be set up in January
Indicator 2:	Number of people admitted to MAM services, by sex and age*	0	TOTAL: 3608 2,707 children under 5 (female: 1,299; male: 1,408) 901 PLWs	225 - children 6-59 months <u>Female- 128</u> 0 – 11 months – 53 1-4 years – 75 <u>Male- 97</u> <u>0 -11 months – 27</u> 1- 4 years 70	PLW yet to begin due to lack of supplies. This delay will be resolved when WFP provides the pipeline supplies There has been lack of a consistent supply of supplementary feeds for Pregnant and Lactating from August 2014.
Indicator 3:	Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Centre location))	4 Extension workers Trained. (3 male and 1 female)	Training for volunteers (Community Nutrition Volunteers and IYCF women groups) planned in the next quarter. Twelve Community Volunteers will be trained for Karam and Modit in January 2015. Another six for the 3 rd site will be trained in February upon set up of the 3 rd site. IYCF women groups will be trained upon completion of the ToT training in February.
Additional Indicators	% of coverage in project area	0	>50%	6.2%	This is low because the programme started late due to inaccessibility to outreach sites but this will improve since we anticipate an increase in admission numbers as we move to the pre-harvest season.
Additional Indicators	% of target population are within less than a day's walk (incl treatment) of the programme site	0	>90%		Information not yet available. Data available in records at moment patient is discharged. This form has been revised so that data on distanced walked is collected up on admission and will be reported in subsequent reports.
Additional Indicators	% of discharges from targeted supplementary feeding programme who have recovered or defaulted	0	>75% recovery rate		No discharges as yet
			<15% Defaulter rate		No discharges as yet
Management of Severe Acute Malnutrition (SAM)					

	Indicators	Baseline	Project Target	Achieved to Date(Reporting period)	
Indicator 1:	Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Centre location)	4 Extension workers Trained. (3 males and 1 female)	
Indicator 2:	Number of sites established/rehabilitated for inpatient and outpatient care	0	3 for outpatient care and 1 stabilisation centre	2 outreach Outpatient sites operational	One outreach site yet to be set up; this will be set up in January. Arrangements to set up a stabilisation centre alongside CARE International have not been finalised. An initial capacity assessment and discussions have been done. Another assessment in the field with CARE taking the lead has delayed due to UNHAS flight cancelations that have affected both the concerned CARE and Tearfund staff.
Indicator 3:	Number of people treated for SAM, by sex and age*	0	486 children under 5 (female: 233; male: 253)	131 Children Female - 71 0-11 months – 21, 1- 4 years)- 50 Male – 60 0-11 months- 27 1-4 years -33	2 children treated cure while the rest are still in the program
Indicator 4:	Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Defaulter Rate 0%	Defaulter Rate <15%	0%	
		Recovery Rate 0%	Recovery Rate >75%	100%	
		Admission Rate 0%	Admission Rate: 100%	26.9%	Calculated according to the number of admissions and expected caseload
		Non Responder Rate 0%	Non Responder Rate	0%	
		Length of Stay 0	Length of stay (estimated 60 days)	60 days	

Additional Indicators	% of patients identified for specialised care referred immediately to stabilization centre or inpatient care centre.	0%	18 Children (100%)	2 children (11.1%)	2 children with SAM with complications were referred to stabilization centre in Lankien
-----------------------	--	----	--------------------	--------------------	---

CASE STUDY

Introduction:

This is a case of an IDP mother whose name is **Nyadene Biel**; a 30 year old woman with five children. She comes from Upper Nile state, in the Nasir County. Her journey started when she was forced to flee from violent armed conflict in the area, and she walked from Nasir up to Uror County in Jonglei state. Nyadene is now living in Karam Payam, Doul village with her five children.

The Story:

The Armed conflict that erupted in December 2013, between the government forces and Sudan People's Liberation Army (SPLA) in opposition, was the beginning of Nyadene Biel's pain.

The security situation in Nasir, her home country, was very bad and she decided to flee with her children while she was pregnant with twins. Since she could not stay in Nasir any longer because she lost her husband in the fighting in Nasir, she had to walk a long distance before reaching Jonglei state for safety. Before reaching her destination, she delivered her twin babies on the way, on 12th, January 2014. She, she did this without any help from any traditional birth attendant. At that point, she stayed for a while to gain her strength and for the children to have stamina before she could continue with her journey; now she has her twin girls. She had walked with her children in the bush for three months without any food - just feeding on wild fruits from June through August until September 15, 2014 when she arrived in Pulchuol in Uror County in Jonglei state.

She expressed how stressful it was while embarking on that difficult journey at the moment of her life, being a widow with 3 children (her oldest child is 9 years old while the rest of the children are below 5years) and now the twins.

Nyadene's first contact with Tearfund was when the Tearfund nutrition team went to Pulchuol village for their routine community screening for malnutrition. She was among the women whose households were visited on 23rd October 2014 (then she was staying in Pulchuol). All her under 5 years children were screened. Her twin daughters were found to be severely malnourished, without medical complications but seriously ill. She could not explain/understand the nature of her sickness. All that she knew was that her baby was weak and had no appetite for food. Later she was told that Tearfund was going to open feeding centre in Karam, closer to her house on the 5th, November 2014. Her twin daughters were admitted to the Outpatient Therapeutic Program (OTP) in Karam to continue with rehabilitation. They were admitted in the programme at the age of 11 months. From the day of admission her twin daughters have been receiving some Plumpy Nut, Soap and some medicine².

Clinical signs recorded on admission in the admission register: Temperature: 35 degrees Celsius, Height: 65cm, Weight: 5.8Kg, MUAC: 11.4cm and Target gain weight: 6.8Kg

No medical complications identified: the notable sign seen was minor cough, lack of appetite, and flu

Appreciation: Nyadene Biel expressed her joy while talking to Tearfund staff. She is happy that her daughters are being treated for Malnutrition and now they have gained weight from 5.8 to 7.5Kg. *"I want to thank Tearfund for helping us. Right now my daughters both are no longer malnourish they healthy as you can see, if it wasn't for Tearfund I would have lost my daughter because I did not know that my child was suffering from Malnutrition and that alone would have increased my sorrow"*

² The medicine is provided as GIK from UNICEF.

because we have passed through unforgettable moments in my family. God has helped me and, my family smile again. Nyadene Biel express her happiness to the Tearfund staff for opening her eyes for what she did not know before as a mother, about exclusive breastfeeding as a way of child healthy living, and something called food hygiene and sanitation. Now that I am learning I will put it into practice.



Photo taken by William Nicola Arop, TF M&E Officer, Uror

The team in development of the story:

Interview was facilitated by: William Arop: M& E officer

Translator: Nut Extension officer: David

Co-facilitator: Area coordinator: Susan Mulievi